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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 007511

2014 FEB -7 PM 2: 18

MICHAEL B. BROWN
RECORDER

Mail Future Tax Statements to:
Ms. Gail B. Hoffman
3934 S. Lakeshore Dr.
Crown Point, IN 46307-8943

Parcel #45-17-16-402-028.000-044

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

**AFFIDAVIT AS TO
TENANCY BY ENTIRETIES**

GAIL B. HOFFMAN, being first duly sworn upon oath, deposes and says:

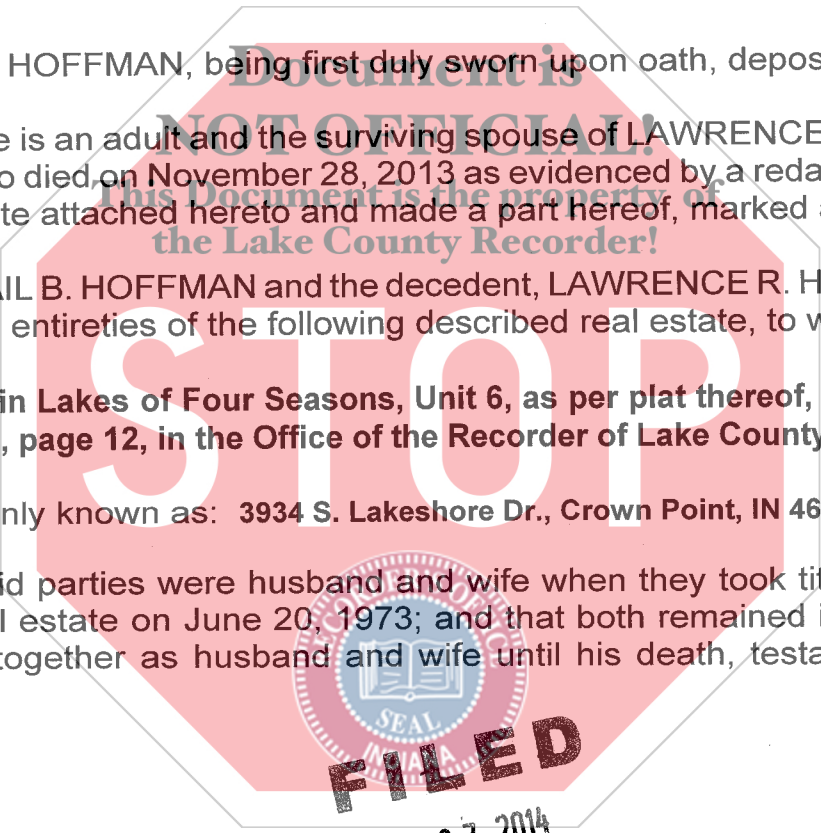
That she is an adult and the surviving spouse of LAWRENCE R. HOFFMAN, deceased, who died on November 28, 2013 as evidenced by a redacted copy of his death certificate attached hereto and made a part hereof, marked as Exhibit "A".

That GAIL B. HOFFMAN and the decedent, LAWRENCE R. HOFFMAN, were owners by the entireties of the following described real estate, to wit:

Lot 928 in Lakes of Four Seasons, Unit 6, as per plat thereof, recorded in Plat Book 39, page 12, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 3934 S. Lakeshore Dr., Crown Point, IN 46307-8943

That said parties were husband and wife when they took title to the above described real estate on June 20, 1973; and that both remained in title and lived continuously together as husband and wife until his death, testate, on the date above given.



FILED

FEB 07 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

010626

17th
CS
R/S

Affiant further states that she knows of her own knowledge that the value of the gross estate of the above decedent, at the time of his death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes.

Affiant further states that all outstanding debts and obligations of the decedent, including funeral expenses and expense of last illness were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.



GAIL B. HOFFMAN, Affiant

STATE OF INDIANA)
COUNTY OF LAKE)

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared GAIL B. HOFFMAN and acknowledged the execution of the foregoing Affidavit as to Tenancy by Entireties. IN WITNESS WHEREOF, I have set my hand and Notarial Seal this 26th day of January, 2013.


Notary Public Signature



Theresa L. Clements
Resident Of
Lake County
My Commission Expires:
7/7/2016



Theresa L. Clements
Notary Public, State of Indiana
Lake County
My Commission Expires:
07/07/2016

This Instrument Prepared By:
WILLIAM J. CUNNINGHAM (ATTORNEY #3471-45)
HILBRICH CUNNINGHAM DOBOSZ VINOVIK & SANDOVAL, LLP
2637 - 45th Street, Highland, Indiana 46322
PH: (219) 924-2427 FAX: (219) 924-2481

I affirm under the penalties for perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

William J. Cunningham, Attorney at Law



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 02229

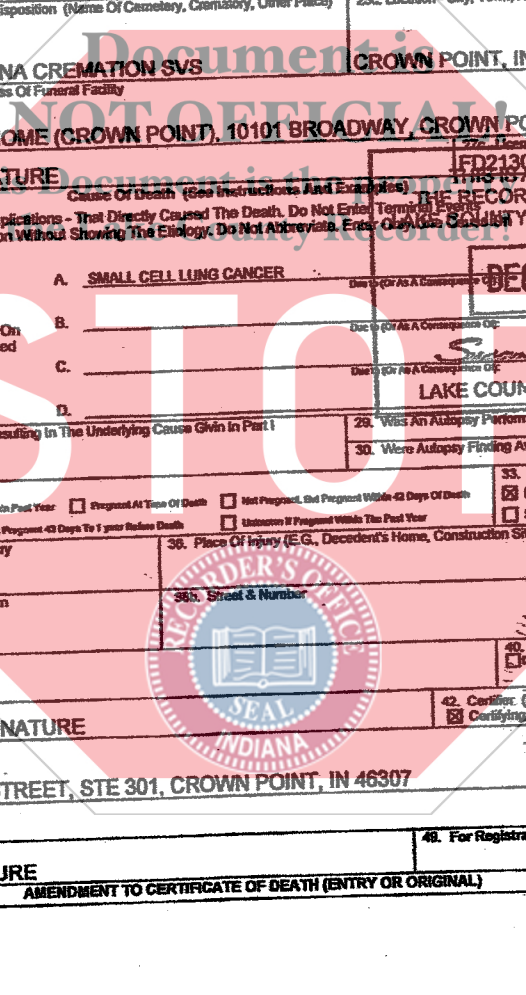


Local No 003873

EDR No 00000355807

State No 054532

1. Decedent's Legal Name (First, Middle, Last) LAWRENCE R HOFFMAN				2. Sex MALE		3. Time Of Death 07:54 AM		4. Date Of Death (Month/Day/Year) 11/28/2013	
5. Social Security Number 80				6a. Under 1 Year Months		6b. Under 1 Month Days		6c. Under 1 Day Hours	
7. Date of Birth (Month/Day/Year) 11/25/1933				8. Birthplace (City and State or Foreign Country) HAMMOND, IN					
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				10. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) 3934 SOUTH LAKE SHORE DRIVE				12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307		13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name GAIL HOFFMAN				15a. (If Wife) Give Maiden Last Name COLINS		16. Decedent's Usual Occupation MANAGER		17. Kind Of Business/Industry AUTOMOBILE	
18. Residence - State INDIANA				18a. County LAKE		18b. City Or Town CROWN POINT		18c. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Father's Name (First, Middle, Last) LAWRENCE R HOFFMAN	
23. Mother's Name (First, Middle, Last) CHARLOTTE MAE HOFFMAN				23a. Mother's Maiden Last Name TUBBS		24. Informant's Name GAIL HOFFMAN			
24a. Relationship To Decedent HOFFMAN				24b. Mailing Address (Street And Number, City, State, Zip Code) 3934 SOUTH LAKE SHORE DRIVE, CROWN POINT, IN 46307					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) NW INDIANA CREMATION SVS		25c. Location - City, Town, And State CROWN POINT, IN		27a. Funeral Home License Number: FH83002445	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307					
27b. Signature Of Indiana Funeral Service Licenses: KIMBERLY A. HICKS, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licenses) LD21300088		27d. License Expiration Date DEC 03 2013		27e. Approximate Interval: Onset To Death 1/2013 THRU 11/2013	
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. SMALL CELL LUNG CANCER				28. Cause Of Death (See Instructions And Examples) SMALL CELL LUNG CANCER					
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I SMALL CELL LUNG CANCER				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 42 Days To 1 Year Before Death		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		38. Location Of Injury - State	
38. Location Of Injury - State				38a. City Or Town		38b. Street & Number		38c. Apt. No.	
38d. Zip Code				39. Describe How Injury Occurred					
41. Signature Of Person Certifying Cause Of Death: MOHAMED I. FARHAT, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01066282A		45. Date Certified 12/02/2013	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MOHAMED I. FARHAT, 1205 SOUTH MAIN STREET, STE 301, CROWN POINT, IN 46307				46. Additional Funeral Service Provider:					
46. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				48. For Registrar Only - Date Filed (Month/Day/Year): DEC 02 2013					



RAISED SEAL AFFIXED

EXHIBIT "A"